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UNITED S	TATE	UNITED STATES HOUSE OF REPRESENTATIVES	ES	Form A		DELIVER	DELIVERED Page 1 of _10
2019-FINAN	CIAL	2019 FINANCIAL DISCLOSURE STATEMENT		For Use by Members, Officers	, and Employees:	1020 AUG 1 1 (Cliftle Lisa Smy)	CENTER MC
Name:	Elise Marie	varie Stefanik	Daytime Telephone:	опе:	g	A ชีวิชช์ penalty shall be assessed against any Individual who files more than 30 days late.	NATIVES assessed against any re than 30 days late.
FILER STATUS	×	Member of the U.S. State:	NY 21	Office	ficer or Employing Office:		Staff Filer Type: (If Applicable) Shared Principal Assistant
REPORT TYPE	×	2019 Annual (Due: May 15, 2020)	Amendment	·	Termination Date of Termination:	Nination:	
PRELIMINA	RY INF	PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF T	THESE QUESTIONS				
A. Did yeu, you a. Own any end of the b. Receive n asset duri	r spouse reporting reporting tore than	A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Yes X No	F. Did you have any re outside entity during th year up through the da	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	arrangement with an Yes	☐ * *
B. Did you, you exchange any exceeding \$1,0	ir spouse securities 00 during	B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Yes X No	G. Did you, your spouse, or your de reportable gift(s) totaling more than source during the reporting period?	G. Did you, your spouse, or your dependent child receive any reportable glit(s) totaling more than \$390 in value from a single source during the reporting period?	hild receive any ilue from a single Yes	No X
C. Did you or you honoraria, or pen reporting period?	our spou ension/IR 17	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes	H. Did you, your spous reportable travel or reir \$390 in value from a si	ouse, or your dependent child receive any reimbursements for travel totaling more than a single source during the reporting period?	niid receive any totaling more than Yes reporting period?	X No
D. Did you, you liability (more t	nan \$10,	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes X No	I. Did any individual or lieu of paying you for a reporting period?	 Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period? 	mation to charity in Yes	No X
E. Did you hok in the current o	any repartements	E. Did you hold any repertable positions during the reporting period or in the current calendar year up through the date of filing?	Yes X No	П	ORRESPONDING	CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	ANSWER "YES"
IPO AND EXCLUSION	XCL	JSION OF SPOUSE, DEPENDENT,	T, OR TRUST INFORMATION		NSWER EACH OF	OF THESE QUESTIONS	NS
IPO - Did you contact the Co	nunittee (IPO - Did you purchase any shares that were allocated as a part of an initial Public Offering during the reporting period? If you answered 'yes' to this question, please contact the Committee on Ethics for further guidance.	al Public Offering during the re	certing period? If you	answered "yes" to this q	uestion, please Yes	No X
TRUSTS - Def	alis regal	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" from this report details of such a trust that benefits you, your spouse, or dependent child?	mittee on Ethics and certain of pendent child?	ner "excepted trusts" n	need not be disclosed. Have you excluded	lave you excluded Yes	□ No X
EXEMPTION - all three tests f	Have yo	EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities all three tests for exemption? Do not answer 'yes' unless you have first consulted with the Committee on Ethics.	arned income, transactions, or ansulted with the Committee on	of a spous	e or your dependent child because they meet	because they meet Yes	No X

For an ownership interest in a privately-held business that is not publicly traded, state the name of the business in a nature of its activities, and its geographic location in Block A. Birchard: Your personal residence, including second homes and vecation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you report a privately-traded fund that is an Excepted interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you report a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box. If you so choose, you may indicate that are sent or income source is that of your spouse (SP) or dependent chief (CC), or jointly haid with anyone (IT), in the optional column on the far left. For a destalled discussion of Schedule A requirements, please refer to the instruction booklet.	The socious is at excession the reposing treatment. For bank and other cash accounts, total the amount in all interest-bearing accounts, if the total is over \$5,000. But every financial institution where there is more than \$1,000 in interest-bearing accounts.	58 B	Assets and/or income Sources Assets and/or income Sources Identify (a) each asset held for investment or production of income and with a fair market value acceeding \$1,000 at the end of the reporting period, and (b) any other reportable seaset or source of income that generated more than \$200 in 'unaemed' income during the year.	- ASSETS
None \$1,91,000 \$1,001,\$15,000 \$15,001,\$50,000 \$50,001,\$100,000 \$500,001,\$250,000 \$500,001,\$1,000,000 \$5,000,001,\$25,000,000 \$5,000,001,\$25,000,000 \$5,000,001,\$25,000,000 \$5,000,001,\$25,000,000 \$5,000,001,\$25,000,000 Spoune#OC Asset over \$1,000,000*			Value of Asset Value of Asset	& "UNEARNED INCOME"
NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTEDIBLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		An and An and An and An		Name: Elise Marie Stefanik
None \$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$15,001-\$100,000 \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 Over \$5,000,000 BpouseIDC Asset with income over \$1,000,000*		*Column XII is for assets haid by your spouse or dependent child in which you have no interest.	Amount of income Amount of income Amount of income Amount of income For assets for which you checked "Tax-befored" in Block C, you may check the "home" column. For all other assets indicate the category of income by checking the appropriate box below. Dividents, interest, and capital gaths, even if retirected, must be displaced as incomite for sealed held in families excounts. Check "Nore" if no income was earned or generated.	Page_2of
P, 9, S(part), or E	Leave the ociden black if there are no trenscrious that exceeded \$1,000.	period. If only a portion of If any a portion of In asset was sold, please indicate as	Transaction Indicate if the assist had partitions (P), partitions (B), or exchange (E) exceeding \$1,000	

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Maga Corp. Stock

Adironalack Trust Roth IRA

Adironaleck Trust Certificate of Deposit

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EMS DC Properties

Residential Rental Property (Washington, DC)

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Adirondack Trust Fixed Rate IRA
Adirondack Trust Certificate of Deposi

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ABC Hedge Fund Simon & Schuster

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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BLOCK A Assets and/or income Sources	ASSET HAME	Adirondack Trust Checking Account	Adrondack Trust Money Market Checking	Schwab IRA (Asset Below)	-Schwab Market Growth (SWHGX) X	Schwab IRA (2) (Asset Below)	-Schwab Market Growth (SWHGX) X		-							:
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e of Income e.g., Partnership Income or Farm Income)																
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R 000,000,18																
1-\$5,000,000 ×																
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C Asset with income over \$1,000,000°								$\int_{-\infty}^{\infty}$							١	
BLOCK E Transaction	1. W. S. Jan H. St. E.				Р		O.									

See Note 1 regarding Guideline IRA

Use additional sheets if more space is required.

SCHEDULE B - TRANSACTIONS

Name:

Elise Marie Stefanik

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SP DC J Report any punchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your dependent chief for investment or the production of forcome. Include transactions that results in a capital loss. Provide a bief description of an exchange transactions transactions between you, your spouse, or dependent criticism, or the purchase or sale of your personal real-tence, unless it generated reside income. If only a portion of an esset is exid, please choose "partial sale" as the type of Capital Gaths: If a sales transaction reutled in a capital gain in access of \$200, check the "capital gains" box, unless it was an esset in a tax-deferred account, and disclose the capital gain income on Schedule A. Cotumn K is for assets solety held by your spouse or dependent child Schwab Government CL SWP MMF (SWGXX) Schwab Government CL SWP MMF (SWGXX) Schwab Government CL SWP MMF (SWGXX) Schwab US Aggregate Bond ETF (SCHZ) JPMorgan US Aggregate Bond ETF (JAGG) Schwab Government CL SWP MMF (SWGXX JPMorgan Dvrsf Rtn US Sml Cp EQ ETF (JPSE) JPMorgan Divrsifd Rtm US EQY ETF (JPUS) JPMorgan US Aggregate Bond ETF (JAGG) JPMorgan Dvrsfd Rtm Interni EQT ETF (JPIN) JPMorgan Divsf Rt US Mid Cap EQ ETF (JPME) Schwab Markettrack Growth (SWHGX) Vanguard Emerging Markets Stock Index (VEMAX) Vanguard Total Bond Market Index (VBTLX) Schwab Markettrack Growth (SWHGX) JPMorgan Dvsfd Retn Emrg Wrks Egy ETF (JPEM) Vanguard Developed Markets Index (VTMGX) Vanguard Total Stock Market Index (VTSAX) Maga Corp. Slock **>** × × × Type of Transaction × × × × × × × × × × \times × Sale × × × Partial Sale Check Box if Capital Gain Exceeded \$200 × 5/29/19 5/29/29 5/29/19 2/1/19 5/29/29 4/24/19 2/25/29 2/22/19 2/22/19 1/29/19 1/28/19 (MONAVYR) or Cuerterly, Monthly, or Bi-wealthy, if applicable 2/22/19 2/22/19 2/1/19 2/22/19 1/18/19 10/2/19 2/22/19 Date 39/16 \$1,001-\$15,000 × × × × × × × × > × × × × × × × > \$15,001-\$50,000 • \$50,001-\$100,000 o \$100 001-0 \$250,000 **Amount of Transaction** \$250,001-\$500,000 m \$500,001-\$1,000,000 71 \$1,000,001-6 \$5,000,000 \$5,000,004 I \$25,000,000 \$25,000,001-\$50,000,000 Over \$50,000,000 _ Over \$1,000,000* (Spourse/DC Asset)

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below. SCHEDULE C - EARNED INCOME INCOME LIMITS and PROMBITED INCOME: The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440, in addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a flductary relationship) are totally prohibited. EXCLADE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. Charles Schwab **GovPredict** Examples: Keene State
State of Maryland
Civil War Roundtable (Oct. 2) Source (include date of receipt for honoraria) Name: Elise Marie Stefanik Spouse IRA Distribution Spouse Salary Approved Teaching Fee Legislative Pension Spouse Speach Spouse Satary Type Page ₹ S G Amount \$18,000 \$1,000 9, ㅎ

SCHEDULE D - LIABILITIES

Name: Elise Marie Stefanik Page 6 of 10

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent t out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, perent, or sibling of you or your spouse. Report a revalving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held safety by your spouse or dependent child.

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			5			8P, 17		
	Ameri	Chase	Adiror	Adiron	Example			
	American Express Credit Card	Chase Sapphire Credit Card	Adirondack Trust	Adirondack Trust	First Bank of Wilmington, DE	Creditor		
	12/19	12/19	11/18	6/16	5/16	Date Liability Incurred MO/YR		
	Personal Credit Card	Personal Credit Card	Mortgage on Personal Residence (Schuderville, NY)	Business lean to EMS DC Properties (Personally Liable)	Mortgage on Rentel Property, Dover, DE	Type of Liability		
	×	1				\$10,001- \$15,000	>	
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						\$50,001- \$160,000	ဂ	
				×	×	\$100,001- \$250,000	0	\
			×			\$250,001- \$500,000	m	Amount of Liability
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						\$1,000,001- \$5,000,000	ဂ	ability
						\$5,000,001- \$25,000,000	-	
						\$25,000,001- \$50,000,000	_	
j						Over \$50,000,000	_	
						Over \$1,000,000* (Spouse/DC Liab@ity)	~	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or gonsultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an fronceary nature.

Position	Name of Organization
Senior Advisory Board Member	Harvard Institute of Politics
Board of Directors Member	Signature Theatre
Board of Directors Member	National Endowment for Democracy (NED)
	•

SCHEDULE F - AGREEMENTS

Name: Elise Marie Stefanik Page_ 2

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former

(NONE)	Date	Parties to Agreement	Terms of Agreement
		(AONE)	

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$380 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered lobbylist or foreign agent), local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or less need not be added towards the \$390 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

	Source	Description	Value
Exemple:	Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$400
(NONE)	E)		

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name:
Elise Ma
Elise Marie Stefanik
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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$390 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and relationship the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Giffs and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to

the filer.						-
:	Source	Daže(s)	City of Departure-Destination-City of Return	Lodging? (YAN)	Food? (YA)	Family Member Included? (Y7N)
	Government of Chine (MECEA)	Aug. 8-11	DC-Beijng, Own-DC	٧	۲	æ
Exemples	Habital for Humanity (charity fundrales)	Mr. 34	DC-Boeton-DC	٧	4	٧
American i	American Israel Education Foundation (AIEF)	Aug 8-16	Albany, NY-Tel Aviv, Israel-Albany, NY	Υ	۲	Υ
Harvard In	Harvard Institute of Politics	Nov 6-7	Schuylerville, NY-Cambridge, MA-Schuylerville, NY	Y	~	N
Hudson Ir	Hudson Institute and the Association of Marshall Scholars	Dec 12-16	Washington, DC-Oxford and London, UK-Washington DC	Υ	~	۲

SCHEDULE I - PAYMENTS MADE TO CHARITY IN

Name: Elise Marie Stefanik	
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LIEU OF HONORARIA	Name: Elise Marie Stefanik	7	Page 9 of 10
List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	r af an event to a charitable organization	in lieu of paying an ho	morarium to you. A separate
Source	Activity	Date	Amount
Examples: Association of American Associations, Washington, DC XYZ Magazine	Speech	Feb, 2, 2018 Aug. 13, 2018	\$2,000
(NONE)			
		•	
	·		

FILER NOTES (Optional)

Elise Marie Stefanik Page 10 10

NOTE NUMBER	NOTES
1	Note that my spouse's Guideline IRA account, reported on my CY 2018 report, was moved from Guideline to Charles Schwab (see Schwab IRA (2) on Schedule A). Changes made to assets at the time of the transfer have been reported on Schedule B as appropriate.